

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY		COURT CASE NUMBER 18-977
DEFENDANT JOSEPH N. HANNA, et. al.		TYPE OF PROCESS complaint and summons
NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> JOSEPH N. HANNA, IN HIS INDIVIDUAL CAPACITY ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 455 WEST HAMILTON STREET, ROOM 253, ALLENTOWN, PA 18101		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE RD. BREINIGSVILLE PA 18031		Number of process to be served with this Form 285 1 Number of parties to be served in this case 16 Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

g/f/c. 2/5/2018  
IN HIS OFFICIAL CAPACITY  
INDIVIDUAL

Fold

FILED

JUL 19 2018

KATE SAKIMAN, Clerk  
Dist. Clerk

Signature of Attorney other Originator requesting service on behalf of

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

415-275-1244

DATE

2/5/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 66	District to Serve No. 66	Signature of Authorized USMS Deputy or Clerk M. Shelnish	Date 4/11/18
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

DANIEL BUCKLEY, Deputy Coroner

Address (complete only different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date  
6/22/18  
Time  
3:10  
☐ am  
☒ pm

Signature of U.S. Marshal or Deputy

USM Ch. 4029

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS: ENDEAVOR 1. MUST GO TO CORNERS OFFICE TO SERVE SHERIFF 5/29/18 0345 PM

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\* To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED